Wildwood Dixie Youth League Official 2015 Volunteer Application

PLEASE NOTE: A copy of a valid government-issued photo identification must be attached to this application.

Full Legal Name:	Date of Birth:	Shirt Size
E-Mail address:	Phone:	
AddressCit	у	Zip
Previous states resided in past 5 years	_Social Security #	
Do you have a valid Drivers License? □Ye □No If yes, DL#	!	State
Employer:	Occupation:	
Employer's address:	_City	Zip
In which of the following would you like to participate? Pl	ease check one or more).
☐League Official/Umpire	□Head Coach	□Assistant Coach
Previous/current volunteer experience:		
Do you have children in the program? ☐Yes	s □No If yes, at what I	evel?
Have you ever been convicted of a felony? ☐Yes ☐No Nation	ure of Crime:	
If yes, are you on probation/parole? Yes No If yes, sched Have you ever been convicted of ANY crime involving or against		□Yes □No
Have you ever been refused participation in any other youth pro	ograms?	□Yes □No
If yes, please explain:		
Please list 2 references, aside from family members, at least or volunteer in a youth program:	ne of which has knowledg	e of your participation as a
NameRelationsl	nip	Phone
NameRelationsl	nip	Phone
I hereby swear and attest that all information provided on this application is true a volunteer, WDYL may end the relationship if I have made any false statement volunteering, I hereby grant permission to WDYL to conduct a background che not limited to sex offender registries, child abuse and criminal history records in agree that, if appointed, my position is conditional upon the league receiving not agree to hold harmless from liability Wildwood Dixie Youth League, the officers provide such information. The results of this background check are kept confidence.	ts or material misrepresentation ck on me, which may include a r compliance with WDYL's child inappropriate information on m and volunteers thereof, and/or	s, written or verbal. As a condition of review of database records including but protection policy. I understand and y background. I hereby release and any other person or organization that may
Applicant's Signature	Date//	
NOTE: WDYL will not discriminate against any person on the basis of race, cre disability.		. •
WDYL USE O		
Applicant Approved WDYL MemberApplicant Denied	Agency	